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2017 MAY 15 PM 1:09

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**UNITED STATES HOUSE OF REPRESENTATIVES
2018 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Name: Richard Hudson

Daytime Telephone: 5-3715

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

(Office Use Only)

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NC</u> District: <u>8</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
	REPORT TYPE	<input checked="" type="checkbox"/> 2018 Annual (Due: May 15, 2019)	<input type="checkbox"/> Amendment	Termination Date of Termination: _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction			
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with Income over \$1,000,000*		
	American Fund for World				X																																
	AME/Amgen/ST/Byline Spnd				X																																
	AME/Wellman Focused					X																															
	OWS Enhanced Growth Stg						X																														
	MFS/Art Value						X																														
	Parsonsus Core Equity						X																														
	Parsonsus MidCap						X																														
	Trane Pnce Real Estate						X																														
	Veterary Square Est Value						X																														
	Wabtech Intl Op Fund						X																														
	Schwab Asset, Chae Schels						X																														

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Schedule B		Richard Hudson Mutual Fund Transactions		
Date	Type of Transaction	Symbol	Asset	Amount of Transaction
12/27/2018	Long Term Cap Gain Reinvest	YAFFX	AMG YACKTMAN FOCUSED FD N	A- \$1,000- 15,000
12/27/2018	Reinvest Shares	YAFFX	AMG YACKTMAN FOCUSED FD N	A- \$1,000- 15,000
11/20/2018	Long Term Cap Gain Reinvest	PRBLX	PARNASSUS CORE EQTY FD INV	A- \$1,000- 15,000
11/20/2018	Reinvest Shares	PRBLX	PARNASSUS CORE EQTY FD INV	A- \$1,000- 15,000
7/9/2018	Auto Bank Sweep		BROKERAGE SWEEP TO BANK	A- \$1,000- 15,000
7/5/2018	Sell	WAIOX	WASATCH INTL OPTTY FD INV	A- \$1,000- 15,000
7/5/2018	Buy	PEMGX	PRINCIPAL MIDCAP CL A	A- \$1,000- 15,000
7/5/2018	Sell	HFCSX	HENNESSY FOCUS FD INV CL	A- \$1,000- 15,000
7/5/2018	Sell	TGMNX	TCW TOTAL RETURN BOND FUND N CLASS	A- \$1,000- 15,000
7/5/2018	Buy	PIFZX	PGIM SHORT TERM CORP BD FD CL Z	A- \$1,000- 15,000
7/5/2018	Buy	PTLAX	PIMCO LOW DURATION FUND CL A	A- \$1,000- 15,000
7/5/2018	Sell	YAFFX	AMG YACKTMAN FOCUSED FD N	A- \$1,000- 15,000
7/5/2018	Sell	NEFRX	LOOMIS SAYLES CORE PLUS BOND FUND CL A	A- \$1,000- 15,000
7/5/2018	Buy	SKIRX	DWS ENHANCED CMDY STRAT INST	A- \$1,000- 15,000
7/5/2018	Sell	MGIAx	MFS INTL VALUE CL A	A- \$1,000- 15,000
7/5/2018	Sell	PRBLX	PARNASSUS CORE EQTY FD INV	A- \$1,000- 15,000
7/5/2018	Buy	VETAX	VICTORY SYCAMORE ESTABLISHED VALUE A	A- \$1,000- 15,000

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Name: Kaitlyn / 11/20/20

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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

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SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE				X							
	Barclays Bank	N/A	Credit card	X										
	Congressional Federal Credit Union	6/17	Mortgage					X						

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization